

**Utah Department of Health, Child Care Licensing
Department of Workforce Services (DWS) Child Care Approval
Background Screening Form**

COVERED INDIVIDUAL INFORMATION

Full Name: _____ Date of Birth: ____/____/____ Phone Number:(____)____

Maiden Name, previous Married Names, Aliases: _____ Gender (Male or Female) _____

Social Security Number: _____ Driver's License Number and State or Utah ID Number: _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Have you lived in Utah continuously for the past 5 years? Yes No

Individuals 18-years-old or older who have not lived in Utah continuously for the past five years and are not refugees who resettled directly to Utah need to submit fingerprints (cards will be mailed to you) and a \$34.75 fingerprint processing fee.

Are you a refugee who resettled directly to UT? Yes No If yes, Date of Entry _____

Approval will be denied for any felony conviction; any Class A misdemeanor conviction within the last 10 years; certain Class A misdemeanor convictions older than 10 years; certain Class B and class C misdemeanor convictions such as public assistance or unemployment fraud, offenses against the family, offenses against a person, pornography, prostitution or any type of sexual offense, simple assault, domestic violence, lewdness, child abuse and contribution to the delinquency of a minor; any supported finding of child abuse or neglect as determined by DCFS; a pending indictment, a plea of no contest to, a plea in abeyance, or a diversion agreement to any of the charges whose conviction would result in a denial; and a juvenile record comparable to anything that would results in denial if on an adult record.

If there is an error on a record or if the record can be expunged, it is the covered individual's responsibility to resolve the matter by contacting The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the covered individual must submit a new Initial Background Screening and Waiver form and legal documentation of the expungement, dismissal, etc. for another background screening.

All information regarding the covered individual's background screening will be kept confidential and no confidential details regarding the screening will be released or disclosed over the phone. The covered individual and the provider will be notified if the background screening is not approved.

AUTHORIZATION AND RELEASE STATEMENT

**THE BOX MUST BE CHECKED BY COVERED INDIVIDUALS 18 YEARS AND OLDER
AND BY PARENTS/GUARDIANS OF COVERED INDIVIDUALS LESS THAN 18 YEARS OLD.**

I hereby authorize the processing of this criminal background screening according to Utah Code 35A-3-310.5. I authorize the investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in the denial of my screening. I also hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of or resulting from furnishing such information. I swear the information provided is true and correct to the best of my knowledge.

CHILD CARE PROVIDER INFORMATION

Name: _____ Phone Number:(____)____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Address Where Care is Provided: _____ City: _____ State: _____ Zip Code: _____

For Department of Health use only.

Post Mark Date	Date Received	

Submit the completed form to:
Utah Department of Health, Child Care Licensing

Mailing Address:

PO Box 142003
Salt Lake City, UT 84114-2003

Fax Number:

801-237-0774

E-mail Address

jjisom@utah.gov